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Request for Continued Examination (RCE) Transmittal

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|----------------------------------------|-----------------------------------------------|
| Application Number                     | 10/808,395                                    |
| Filing Date                            | March 25, 2004                                |
| First Named Inventor                   | Mutsumi YANO, et al.                          |
| Art Unit                               | 2831                                          |
| Examiner Name                          | Eric W. Thomas                                |
| Attorney Docket Number                 | 050024-0028                                   |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Education (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1                                          |                                     |                                                          |                                                                                                                                                                                                                                                                                           |                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      |                                                            |                       |
|--------------------------------------------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|-----------------------|
| 1.                                         | and am                              | endme<br>nt does                                         | required under 37 CFF<br>hts enclosed with the RCE w<br>not wish to have any previous                                                                                                                                                                                                     | vill be entered in which                                                                                                        | they were                     | filed ur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nless applica                                                                                                     | nt instruct          | ts otherwise. If                                           | :h                    |
|                                            | a. 🗌                                |                                                          | ously submitted If a final Of<br>dered as a submission eve                                                                                                                                                                                                                                |                                                                                                                                 | • •                           | mendm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ents filed aft                                                                                                    | er the fin           | al Office action may b                                     | oe                    |
|                                            | i.                                  |                                                          | Consider the arguments i                                                                                                                                                                                                                                                                  | n the Appeal Brief or F                                                                                                         | Reply Brief                   | previo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ously filed on                                                                                                    |                      |                                                            |                       |
|                                            | ii.                                 |                                                          | Other                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      |                                                            | ł                     |
|                                            | b. 🔯                                | Enclo                                                    | <del> </del>                                                                                                                                                                                                                                                                              |                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      |                                                            |                       |
|                                            | i.                                  | $\boxtimes$                                              | Amendment/Reply                                                                                                                                                                                                                                                                           |                                                                                                                                 | iii.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Information                                                                                                       | n Disclos            | ure Statement (IDS)                                        |                       |
|                                            | ii.                                 | $\Box$                                                   | Affidavit(s)/Declaration(s)                                                                                                                                                                                                                                                               | ı                                                                                                                               | iv.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other                                                                                                             |                      | , ,                                                        |                       |
| 2.                                         | Miscel                              | laneou                                                   | s                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      |                                                            | _                     |
| '                                          | a. 🗌                                | Susp                                                     | ension of action of the abov<br>d of months. (Period                                                                                                                                                                                                                                      | re-identified application of suspension shall not                                                                               | is reques<br>exceed 3 r       | sted un<br>months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | der 37 CFR<br>; Fee under 3                                                                                       | 1.103(c)<br>7 CFR 1. | for a<br>17(i) required)                                   |                       |
|                                            | b. 🗌                                | Other                                                    |                                                                                                                                                                                                                                                                                           |                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      | <del></del>                                                | ŀ                     |
| 3.                                         | Fees                                | The F                                                    | RCE fee under 37 CFR 1.17                                                                                                                                                                                                                                                                 | (e) is required by 37 C                                                                                                         | FR 1.114                      | when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the RCE is fi                                                                                                     | led.                 |                                                            |                       |
|                                            | _                                   | Th - F                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                     | d to about the followin                                                                                                         | _                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                      |                                                            |                       |
|                                            | a. 🛚                                | Depo                                                     | Director is hereby authorized<br>sit Account No. 500417. I                                                                                                                                                                                                                                | have enclosed a duplic                                                                                                          | ng fees, or<br>cate copy      | credit<br>of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | any overpay<br>sheet.                                                                                             | ments, to            | )                                                          |                       |
|                                            | a. 🔀<br>i.                          | Depo                                                     | orector is nereby authorized sit Account No. 500417. I RCE fee required under 37                                                                                                                                                                                                          | have enclosed a duplic                                                                                                          | ng fees, or<br>cate copy      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.                                                                                                            |                      |                                                            |                       |
|                                            | _                                   | Depo                                                     | sit Account No. 500417. I                                                                                                                                                                                                                                                                 | have enclosed a duplic<br>7 CFR 1.17(e) \$790                                                                                   | ng fees, or<br>cate copy      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.                                                                                                            |                      | 1 00000099 500417                                          | 1080839               |
|                                            | i.                                  | Depo                                                     | sit Account No. 500417. I<br>RCE fee required under 37<br>Extension of time fee (37 C                                                                                                                                                                                                     | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)                                                             | cate copy                     | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.                                                                                                            | SZEWDIE              |                                                            | 1080839               |
|                                            | i.<br>ii.                           | Depo                                                     | sit Account No. 500417. I<br>RCE fee required under 37<br>Extension of time fee (37 C                                                                                                                                                                                                     | have enclosed a duplic<br>7 CFR 1.17(e) \$790                                                                                   | cate copy                     | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.<br>06/22/2005                                                                                              | SZEWDIE              | 1 00000099 500417                                          | 1086839               |
|                                            | i.<br>ii.<br>iii.<br>b. []          | Depo                                                     | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other                                                                                                                                                                                                     | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)                                                             | cate copy                     | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.<br>06/22/2005                                                                                              | SZEWDIE              | 1 00000099 500417                                          | 108 <b>08</b> 39<br>— |
|                                            | i.<br>ii.<br>iii.<br>b. []<br>c. [] | Depo                                                     | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other k in the amount of \$                                                                                                                                                                               | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)<br>FO-2038 enclosed)                                        | enclosed                      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.<br>06/22/2005<br>01 FC:1801                                                                                | SZEWDIE              | 1 00000099 500417<br>790.00 DA                             | _                     |
|                                            | i.<br>ii.<br>iii.<br>b. []<br>c. [] | Depo                                                     | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other k in the amount of \$ ent by credit card (Form P) tion on this form may become and authorization on P                                                                                               | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)<br>FO-2038 enclosed)                                        | enclosed                      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.<br>06/22/2005<br>01 FC:1801                                                                                | <b>SZENDIE</b>       | 1 00000099 500417<br>790.00 DA                             | _                     |
| cre                                        | i.<br>ii.<br>iii.<br>b. []<br>c. [] | Depo                                                     | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other k in the amount of \$ ent by credit card (Form P) tion on this form may become and authorization on P                                                                                               | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)<br>FO-2038 enclosed)<br>ome public. Credit car<br>PTO-2038. | enclosed                      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.<br>06/22/2005<br>01 FC:1801                                                                                | SZEWDIE<br>included  | 1 00000099 500417<br>790.00 DA                             | _                     |
| Sign                                       | i. ii. iii. b.  C.  RNING:          | Depo Chec Paym Informa                                   | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other k in the amount of \$ ent by credit card (Form P) tion on this form may become and authorization on P                                                                                               | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)<br>FO-2038 enclosed)<br>ome public. Credit car<br>PTO-2038. | enclosed                      | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet.  06/22/2005  01 FC:1801  hould not be                                                                      | SZEWDIE<br>included  | 1 00000099 500417<br>790.00 DA                             | _                     |
| Sign                                       | i. ii. b.  RNING:                   | Depo Chec Paym Informa ype)                              | sit Account No. 500417. I RCE fee required under 37 Extension of time fee (37 C Other k in the amount of \$ ent by credit card (Form P) tion on this form may become and authorization on P  SIGNATURE C Atthur J. Steiner, Esq.                                                          | have enclosed a duplic<br>7 CFR 1.17(e) \$790<br>FR 1.136 and 1.17)<br>FO-2038 enclosed)<br>ome public. Credit car<br>PTO-2038. | enclosed ord informa ORNEY, O | of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o6/22/2005 01 FC:1801  nould not be ENT REQUIR Date Registration SSION                                            | included             | 1 00000099 500417<br>790.00 DA<br>I on this form. Provid   | le                    |
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This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 2 1 2005 B

Docket No.: 050024-0028

## **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Customer Number: 20277

Mutsumi YANO, et al.

Confirmation Number: CNF NO. 5556

Application No.: 10/808,395

: Group Art Unit: 2831

Filed: March 25, 2004

Examiner: Eric W. Thomas

For: SOLID ELECTROLYTIC CAPACITOR AND MANUFACTURING METHOD THEREOF

## AMENDMENT UNDER 37 C.F.R. § 1.114

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The following Amendment and Remarks are submitted in response to the Office Action dated March 25, 2005 pursuant to the provisions of 37 C.F.R. § 1.114 together with a Request for Continued Examination (RCE) filed concurrently herewith.